POWER OF ATTORNEY

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PTO/SB/81 (11-08 Approved for use through 11/30/2011. OMB 0651-0035

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April 17, 2001

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OWENS, Gary K. First Named Inventor REVOCATION OF POWER OF ATTORNEY Compositions and Methods for Modulating Expression Web Title WITH A NEW POWER OF ATTORNEY Art I Init 1636 AND **Examiner Name** SULLIVAN Daniel CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number P313411/S I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. I hereby appoint Practitioner(s) associated with the following Customer 28390 × Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Practitioner(s) Name Registration Number Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number.

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OR Assignee of record of the entire interest. See 37 CFR 3,71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on

GNATURE of Applicant or Assignee of Record Signature Date January 6,2009 Name Telephone +1 (707) 566-1746 Title and Company Chief Patent Counsel Meditronic Cardiovascular Inc.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

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This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FOR ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.